

# Building/Fire/Zoning Permit

Penalty Fee: \$\_\_\_\_\_

Must comply with PA Act #222 and Labor and Industry Regulations where applicable.

Special Permit Fee: \$\_\_\_\_\_

Property No. _____	<input type="checkbox"/> DOUBLE FEE	Permit Issued: _____/_____/_____
Building/Fire No. _____		Building Permit Fee \$ _____
Zoning Permit No. _____		Zoning Permit Fee \$ _____
FOR OFFICE USE ONLY		

I. LOCATION OF BUILDING (CORRECT FEE AMOUNT MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED)

_____ (No.)	_____ (Street)	_____ (Zoning Districts)
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II. TYPE AND COST OF BUILDING - All applicants complete parts A-G

A. TYPE OF PERMIT:

1. <input type="checkbox"/> New	2. <input type="checkbox"/> Addition	3. <input type="checkbox"/> Alteration	4. <input type="checkbox"/> Signage	9. <input type="checkbox"/> Change of Use/Zoning
5. <input type="checkbox"/> Demolition	6. <input type="checkbox"/> Parking Lot	7. <input type="checkbox"/> Repair/Replacement	8. <input type="checkbox"/> Fire Prevention Code	

B. HAZARDOUS CHEMICALS

Will you be using and/or producing any hazardous chemicals? ☐ Yes ☐ No If yes, provide attachment(s) with listing of chemicals, site and method of disposal

C. EXISTING USE/PROPOSED USE: (Mark "E" for Existing use; "P" for Proposed Use)

Residential	Non -Residential	
<input type="checkbox"/> One Family 101	<input type="checkbox"/> Amusement, Recreational 318	<input type="checkbox"/> Public Utility 325
<input type="checkbox"/> Two or more family 103	<input type="checkbox"/> Church, other religious 319	<input type="checkbox"/> School, Library, other educational 326
Enter number of units _____	<input type="checkbox"/> Industrial 320	<input type="checkbox"/> Stores, Mercantile 327
<input type="checkbox"/> Hotel, Motel or Dormitory 213	<input type="checkbox"/> Parking Garage 321	<input type="checkbox"/> Tanks, Towers 328
Enter number of units _____	<input type="checkbox"/> Service Station/Garage 322	<input type="checkbox"/> Other - Specify _____ 329
<input type="checkbox"/> Garage/Carport 436	<input type="checkbox"/> Hospital, Institutional 323	
<input type="checkbox"/> Other-specify _____ 329	<input type="checkbox"/> Office, Bank, Professional 324	

BUILDING IS: ☐ Occupied ☐ Vacant How Long? \_\_\_\_\_

D. OWNERSHIP: ☐ Private (individual, corporation, nonprofit institution, etc.) ☐ Public (federal, state or local government)

E. DESCRIPTION OF WORK:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. COST (omit cents)		Description of Fire Prevention Work:	
General Improvements	\$		
a. Electrical .....	\$		
b. Plumbing .....	\$		
c. Other (sprinkler, etc) .....	\$		
Total Cost of Improvements	\$	Fire Code Prevention Code Cost	\$

**G. IDENTIFICATION** - To be completed by all applicants

Name	Mailing Address (number, street, city, state, zip code)	Telephone No.
1. Owner or Lessee		(    )
2. Contractor		License No. (    )
3. Architect or Engineer		(    )

Electrician: \_\_\_\_\_ Plumber: \_\_\_\_\_

Worker's Compensation Insurance Current?

☐ Yes☐ No

Exemption -

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania Worker's Compensation Law for one of the following reasons as indicated:

☐ Contractor with no employees☐ Religious exemption under the Worker's Compensation Law.**OFFICE USE ONLY**

I hereby certify that the proposed work is authorized by the owner of record and that i have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Address\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Application Date**YOU ARE RESPONSIBLE FOR OBTAINING ALL PERMITS REQUIRED****FOR OFFICE USE ONLY**

Special Requirements:

Zoning Code

☐ Non-Conforming Structure or Use is Noted for the Zoning Inventory☐ Property is in Designated Floodway (Construction and installations may require special approval)☐ S.E. required☐ Property is in Designated Flood Plain (Construction and installations may require special approval)☐ S.E. required☐ Property is in Municipal Historic District/Architectural Conservation Overlay District (Exterior work approval)Comments: ☐ HARB/City Council approval☐ Staff approval for in-kind replacement/work not seen from R.O.W.

Historic Work approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Action:

☐ Requires a ☐ Variance and/or ☐ Special Exception. Zoning Hearing Board approved/denied on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date☐ Approved☐ Approved contingent upon the issuance of a compliance certificate☐ Denied☐ Denied for the following reason(s): \_\_\_\_\_\_\_\_\_\_  
Zoning Administrator\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Building Code

\_\_\_\_\_  
Approved by\_\_\_\_\_  
Title\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Other Approvals

Comment: \_\_\_\_\_

\_\_\_\_\_  
Approved by\_\_\_\_\_  
Title\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Stephen R. Reed, Mayor

Harrisburg City Council